Please paste a passport size photograph not older than 3 months and write your name on the back



## **2010 APPLICATION FORM**

# YOUTH LEADERSHIP PROGRAM

Completed applications may be faxed, mailed, delivered, or e-mailed to:

Ibtissem Amarouayeche E-mail:Amarouayechel@state.gov

Fax: 021-60-73-35

## THIS APPLICATION FORM IS FREE OF CHARGE AND MAY BE DUPLICATED

### **STUDENT INFORMATION**

Name									
	last	first		nickna	me				
Permanent a	ddress _								
Permanent te	elephone _								
Email	_								
Date of birth_	day/month	/year	Age		male	fema	le		
Place of birth			Co	untry of citizensl	izenship				
- -	city and c	ountry							
Where did yo	ou first hear	about the	e exchange pro	ogram? (Please	be as spe	ecific as p	oossible.)		
School Info	RMATION								
School you currently attend				School grade					
Expected gra	duation da	te			<u></u>				
School addre	ess								
Princinal's na									

		Name			
			L	ast	first
Have you ever lived and/or studied any	where outside	of Algeria	Yes / No	)	
If yes, please provide a brief description	n including dat	es and locatio	on.		
LANGUAGES					
How would you describe your English Sk	kills? Spoken Written:			Adequate Adequate	Poor Poor
List other languages besides your native	e language an	d English.			
Language		Number of ye	ars studi	ied	
Language Language		Number of ye Number of ye			
BACKGROUND INFORMATION (Take as necessary, attach another sheet of pap		s you need to	write yo	our answers.	lf
Why do you want to participate in the exprogram if you are chosen?	xchange progr	am, and what	: will you	contribute to	the
How will your participation benefit your	community?				

				Last	First
Describe the mos	st interes	ting course yo	ou have taken.		
Please list the clunder in the clund	ıbs, orga	nizations, spo	orts, leisure activities, a	nd community service you ar	е
nternational T	ravel In	formation ( <u>l</u>	Note: You may apply e	ven if you do NOT have a	
Do you have a	/alid pass	sport? Yes	No Passport Nun	nber	
Country that iss	ued pass	sport	Expiration Da	te	
INFORMATION OI Parent/Guardiai Name		TS OR <b>G</b> UARE	DIANS		
	last	first	middle initial	relation to you	_
Address					
Telephone/E-ma	ail				
Parent/Guardia Name	n 2				
	last	first	middle initial	relation to you	
Address					
Telephone/E-ma	ail				
Other family me	mbers				

Name

Name		
	Last	first

#### **APPLICATION ESSAY**

On a separate piece of paper, please respond to TWO of the following essay questions. You may use pen or complete the application on the computer. You may attach extra pages if necessary.

- 1. Describe an individual that you greatly admire. Discuss the qualities that make this person so exceptional.
- 2. Describe an ethical or cross-cultural conflict you have experienced and describe how you resolved this situation.
- 3. Write a letter to your host family.

#### PARTICIPANT AND PARENT/GUARDIAN APPROVAL

I agree that all of the information in this application is true and I agree that if chosen to participate, the applicant will participate in ALL program activities in the United States and Algeria, including the pre-departure orientation and follow-on activities.

Applicant Signature	Parent/Guardian Signature	Date	

### **CHECKLIST** Complete application should include:

- Application Form
- 2 letters of recommendation
- Photograph
- Copy of first and second passport pages

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Fax: 021-60-73-35

Please make sure that your name is written on ALL pages of your application.

Thank you for taking the time to complete this application. Good luck!